

Instructions for Current and Former Servicemembers Requesting Evaluation of Military Training and Experience Toward Meeting Washington Credentialing Requirements

To Applicant:

The Department of Health licenses health care professionals in accordance with state laws and requirements. Under a new state law passed in 2011, people with military training and experience may count their training and experience towards certain civilian health care profession credentialing requirements if the state determines it is substantially equivalent to the state's standards.

By completing the attached supplemental form you are indicating that you are a current or former servicemember of the U.S. Military, or a current or former member of the military's Active and Reserve Guard Units. The Department of Health will review your application to determine how your military training and experience may count toward Washington credentialing requirements for the following professions:

Cardiovascular Invasive Specialist	Dental Assistant
Denturist	Dispensing Optician
Emergency Medical Responder	Emergency Medical Technician
Expanded Function Dental Auxiliary	Health Care Assistant
Nursing Assistant Certified	Nursing Assistant Registered
Ocularist	Osteopathic Physician Assistant
Pharmacy Assistant	Pharmacy Technician
Physical Therapist	Physical Therapy Assistant
Physician Assistant	Radiological Assistant
Radiological Technologist	Respiratory Care Therapist
Surgical Technician	X-Ray Technician

For Department of Health to consider your military training and experience, please complete the military questions on the following supplemental form and submit copies of military transcripts/forms that document your military education, training, and experience. The information will be reviewed by the Department of Health to determine civilian equivalency to certain health care profession credentialing requirements. Documents to submit with your application should include the following:

- A copy of your Certificate of Release or Discharge from Active Duty (DD Form 214).
- Verification of Military Experience and Training (VMET) (DD Form 2586).
- Army American Council of Education (ACE) Registry Transcript System (AARTS).
- Application for the Evaluation of Learning Experiences During Military Service (DD Form 295).
- Any other military transcripts and forms that document your military training and experience.

We will contact you about our need for any additional information.

For more information go to our [Military Resources Webpage](#).



Department of Health
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

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Applying for Health Care Credential Type		
Profession Name:		
Name:	Last	First Middle
Mailing Address		
City	State	Zip Code
Any other names used:		
<p>Military Information (if applicable, please respond to the below questions and submit authorized military documentation of your military training and experience.)</p> <p>A. Are you currently an active-duty servicemember in the U.S. Military? Yes No</p> <p>B. If yes to A, what military service branch are you serving in? _____</p> <p>C. If yes to A, when will you be formally discharged from Active Duty? _____</p> <p>D. Have you served previously in the U.S. Military? Yes No</p> <p>E. What military service branch did you serve in? _____</p> <p>F. When were you formally discharged from Active Duty? _____ (Please submit a copy of your Certificate of Release or Discharge from Active Duty--DD Form 214--to validate veteran status with your application.)</p>		

G. Are you currently serving in the military's active Guard and Reserve units?

Yes No

H. Have you served previously in the military's active Guard and Reserve units?

If so, please indicate years you served. _____

I. Do you currently hold a similar credential issued by the military or a national certifying agency? If yes, please provide a copy of the credential.

Yes No

J. Please indicate your Military Occupational Specialty (MOS) while in Active Duty.

K. Please submit with your application any official military transcripts and verification documents showing your record of military job experience and training history; e.g., Army American Council of Education (ACE) Registry Transcript System (AARTS), Verification of Military Experience and Training (VMET) (DD Form 2586), Application for the Evaluation of Learning Experiences During Military Service (DD Form 295), etc.

Are you requesting a temporary permit? ☐ Yes ☐ No

Attestation:

I attest that the above information is accurate and complete to the best of my knowledge.

Dated _____ at _____
(mm/dd/yyyy) (City/state)

By: _____
(Signature of applicant)